

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF SOUTH CAROLINA  
COLUMBIA DIVISION

Afraaz R. Irani, M.D.,	)	
	)	C.A. No. 3:14-cv-3577-CMC-KDW
Plaintiff,	)	
	)	
v.	)	
	)	<b>AFFIDAVIT OF</b>
Palmetto Health; University of South Carolina	)	<b>DAVID E. KOON, JR., M.D.</b>
School of Medicine; David E. Koon, Jr., M.D., in	)	
his individual capacity; and John J. Walsh, IV,	)	
M.D., in his individual capacity,	)	
	)	
Defendants.	)	
_____	)	

David E. Koon, Jr., M.D., whose signature appears below, testifies under oath as follows:

1. At all times relevant to this lawsuit, I have served as the Program Director of the Orthopaedic Surgery Residency Program jointly operated by Palmetto Health and the University of South Carolina School of Medicine. I have personal knowledge and am competent to testify as to the matters stated in this affidavit.

2. Dr. Alfraaz Irani was a resident in the Orthopaedic Surgery Residency Program from July 1, 2010 until April 10, 2012. He completed his PGY-1 year.

3. Dr. Irani was placed on Level II Academic Remediation from August 15, 2011, through December 1, 2011. Dr. Irani appealed to Dr. Katherine Stephens, who upheld his Academic Remediation, and Dr. Irani did not take his grievance to the next step.

4. Dr. Irani was placed on Level III Academic Remediation from December 9, 2011, until January 31, 2012. After Dr. Stephens upheld Dr. Irani's January 2012 Academic Remediation, Dr. Irani did not timely request a grievance hearing.

5. In February 2012, Dr. Irani was again placed on Level II Academic Remediation.

6. In March 2012, Dr. Irani was again placed on Level III Academic Remediation and was suspended from the Residency Program pending official action on the recommendation that he be terminated from the Residency Program.

7. On April 10, 2012, the Graduate Medical Education Committee (GMEC) voted to terminate Dr. Irani from the Residency Program.

8. After the April 10, 2012 termination decision, Dr. Irani pursued a grievance. Dr. Katherine Stephens upheld the GMEC's decision, and the resident grievance committee heard Dr. Irani's grievance on April 30, 2012. The grievance committee upheld the termination decision.

9. By letter dated June 1, 2012, Charles Beamon, CEO of Palmetto Health, notified Dr. Irani that he found the termination to be proper and that he upheld the decision of the grievance committee.

10. In May 2012, I learned that David Rothstein had sent a letter to various individuals threatening a lawsuit on behalf of Dr. Irani, and targeting me personally. See attached Exhibit A. Mr. Rothstein had previously filed a lawsuit against Palmetto Health, the University, me, and others on behalf of a former resident, Dr. Chad Lamoreaux, in which Mr. Rothstein sued and attacked me personally. At the time of Mr. Rothstein's May 2012 letter threatening litigation on behalf of Dr. Irani, I was a defendant in yet another lawsuit filed by Mr. Rothstein, this one on behalf of Dr. John Eady, in which, yet again, Mr. Rothstein sued and attacked me personally.

11. On or about August 31, 2012, I learned, through legal counsel, of an email David Rothstein had sent to attorneys Kathy Helms and Shahin Vafai, attorneys who had represented Palmetto Health, the University, me, and others in Dr. Lamoreaux's lawsuit, and were representing Palmetto Health, the University, me, and others in Dr. Eady's lawsuit. See attached

Exhibit B. In that email, Mr. Rothstein again threatened litigation, this time with specific reference to Dr. Irani's attempts to enter a residency program elsewhere, and stated "I am sure you will advise your clients about their potential liability for defamation, tortious interference, and retaliation if they torpedo Dr. Irani's efforts to further his medical career."

12. I did not provide any information about Dr. Irani to any residency program. In late 2012, I received a call from someone about Dr. Irani, and I asked her to send her inquiry in writing. I did not hear further from her.

13. I was very relieved to learn, in approximately March 2013, that Dr. Irani had been placed with a residency program. I thought that meant he would move on with his life and not file a lawsuit against us.

14. On May 28, 2013, Dr. Irani sent me an email, attached as Exhibit C, in which he informed me that he was applying for a medical license in California, and asked me to fill out a two-page form and mail it to the Medical Board of California. I sought, obtained, and followed legal advice on the matter, and sent the Exhibit D documents to the Medical Board of California on June 4, 2013. At all times, I was trying to balance my concerns about properly performing my obligations as Program Director, being accurate in my submissions to the Medical Board of California, and avoiding a lawsuit by Dr. Irani.

15. While I was seeking and obtaining legal advice about a response to the Medical Board of California, Dr. Irani texted me about the matter. On June 5, 2013, the day after I sent the Exhibit D documents to the Medical Board of California, I received a FedEx package from Dr. Irani reiterating his May 28, 2013, email request. I am aware that Kathy Helms thereafter emailed David Rothstein on June 5, 2013, requesting that Dr. Irani not communicate directly with me again, but rather that he communicate with Margie Bodie, Administrative Director for Resident/Student Services at Palmetto Health. Ms. Helms also informed Mr. Rothstein that the

information Dr. Irani had requested be sent to the Medical Board of California had been sent.

16. On Monday, June 17, 2013, I received a letter Dr. Irani had apparently hand-delivered to my office, in which he asked that I address some "errors" in the form I sent to the Medical Board of California on June 4, 2013. See Exhibit E. I again sought, obtained, and followed legal advice on the matter, and sent the Exhibit F documents to the Medical Board of California on June 17, 2013. At all times, I was trying to balance my concerns about properly performing my obligations as Program Director, being accurate in my submissions to the Medical Board of California, and avoiding a lawsuit by Dr. Irani.

17. Other than the documents attached hereto as Exhibits D and F, I have not submitted any documentation or other information to the Medical Board of California. I have not submitted any documentation or other information to any other entity with whom Dr. Irani may have sought or obtained a license, residency, or employment.

I testify under penalty of perjury this 6<sup>th</sup> day of January, 2015, that the foregoing statements are true and correct.



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David E. Koon, Jr., M.D.



# ROTHSTEIN LAW FIRM, PA

*Certified Specialist in Employment and Labor Law*

David E. Rothstein

[derothstein@mindspring.com](mailto:derothstein@mindspring.com)

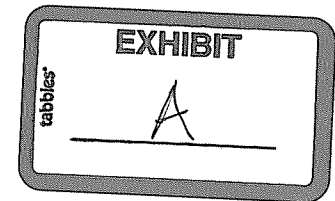
*Also licensed in North Carolina*

514 Pettigru Street  
Greenville, SC 29601  
Telephone: 864.232.5870  
Facsimile: 864.241.1386

May 3, 2012

**VIA E-MAIL (katherine.stephens@palmettohealth.org)**  
**AND U.S. MAIL**

Katherine G. Stephens, Ph.D., MBA, FACHE  
Vice President, Medical Education and Research  
ACGME Designated Institutional Official  
Palmetto Health  
Fifteen Medical Park, Suite 202  
Five Richland Medical Park Drive  
Columbia, SC 29203



Re: Afraaz Irani, M.D.

Dear Dr. Stephens:

Dr. Afraaz Irani has hired my law firm to represent him in connection with his employment with, and recent termination from, the Orthopaedic Surgery Residency Program at Palmetto Health/USC School of Medicine. I understand that on Monday, April 30, 2012, Dr. Irani participated in a grievance committee hearing through the GMEC regarding his termination. Please take immediate steps to ensure that all recordings of the grievance hearing are preserved, along with any notes of the committee members or participants in the hearing. I anticipate that Dr. Irani's situation may end up in litigation, and the recording of the grievance hearing and any contemporaneous notes would likely contain crucial evidence regarding his case.

Dr. Irani has related to me numerous problems that he has had, primarily with Dr. David E. Koon, Jr., during his relatively brief stint as a PGY-2 orthopaedic surgery resident. Approximately six weeks into his first true year of orthopaedic training, Dr. Irani was called into a very hostile and intimidating meeting by Dr. Koon, with the practice manager as a witness, where Dr. Koon told him that they have previously fired residents from the program, including a fifth-year resident approximately six months from his expected graduation, specifically referring to Dr. Chad Lamoreaux, my former client. I am shocked that Dr. Koon would invoke Dr. Lamoreaux's name during a remediation meeting with a new resident, as Dr. Lamoreaux's case has undoubtedly become a part of the folklore among the residents at Palmetto Health, especially in the orthopaedic surgery program. Dr. Koon's reference to Dr. Lamoreaux's unfortunate situation immediately caused Dr. Irani to assume (and understandably so) that he was being targeted for termination as well, not for constructive remediation.

Dr. Stephens  
May 3, 2012  
Page 2

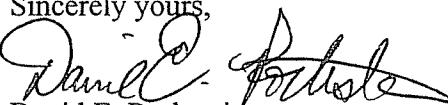
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Dr. Koon's treatment of Dr. Irani has been, frankly, astounding and appears to be characterized by a pattern of humiliation and ridicule, rather than education and compassion. Dr. Koon repeatedly referred to Dr. Irani in front of others as "Achmed the Terrorist" and jokingly suggested that he might "blow the place up," in an offensive reference to Dr. Irani's mistakenly perceived middle eastern ethnicity. This outrageous behavior was particularly hurtful to Dr. Irani, because he is actually of Indian/Zoroastrian heritage, whose ancestors have historically been victims of religious persecution. Dr. Koon also repeatedly singled Dr. Irani out in group discussions and magnified every misstep that Dr. Irani made, while similar mistakes and behaviors by his colleagues have been overlooked or minimized.

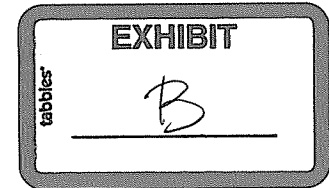
Dr. Irani's career dream of becoming a respected orthopaedic surgeon is in serious jeopardy because of a clearly dysfunctional relationship with Dr. Koon, which has now unfairly tarnished his reputation among his colleagues and other attendings. Although Dr. Irani will be the first one to admit that he has made some honest mistakes during his residency, he is still very early in his medical training, where residents should be encouraged to learn from their expected mistakes rather than be forced to live in constant fear of approbation from their supposed mentors and educators.

I am writing in a good-faith effort to negotiate an amicable separation of Dr. Irani's relationship with the Palmetto Health/USC School of Medicine Orthopaedic Surgery Residency Program. Dr. Irani seeks to be restored to good standing with the program for the sole purpose of allowing him to transfer to another, mutually agreed upon residency program as a PGY-2 resident, where he can attempt to salvage his career goals. Dr. Irani remains hopeful that he can get his career back on track and make a fresh start with another program, without becoming embroiled in what would certainly be a costly, distracting, and damaging lawsuit.

Please contact me or have the hospital's employment counsel to call me about this matter as soon as possible. I am hopeful that an early mediation session might be beneficial to all parties involved. I look forward to hearing from you soon.

Sincerely yours,  
  
David E. Rothstein

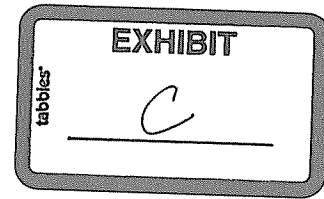
cc: Charles Beaman, CEO Palmetto Health  
John Singerling, President, Palmetto Health Richland  
Richard A. Hoppmann, M.D., Dean, USC School of Medicine  
Kathy Dudley Helms, Esq.  
Shahin Vafai, Esq., Esq.



From: David Rothstein [mailto:derothstein@mindspring.com]  
Sent: Friday, August 31, 2012 10:34 AM  
To: kathy.helms@ogletreedeakins.com  
Cc: Shahin Vafai  
Subject: Afraaz Irani, M.D.

Dear Kathy and Shahin. Dr. Irani has applied for an opening for a PGY-2 position in an ophthalmology residency program, which I believe is in Boston. I understand that this prospective program will likely contact Dr. Koon or others from the Palmetto Health/USC School of Medicine Orthopaedic Surgery program to get a reference for him or otherwise to discuss his employment there. I hope that your clients will recognize the benefit of providing a response that will not hurt Dr. Irani's chances of getting that position. I do not yet know if Dr. Irani intends to pursue legal claims against PH/USC-SOM or any of the individual doctors relating to his separation from the program; however he is attempting to mitigate his damages and to salvage his career as a clinical physician. I am sure that you understand how difficult it is to move into a second residency program without having to start all over again from scratch at the PGY-1 level. I am sure you will advise your clients about their potential liability for defamation, tortious interference, and retaliation if they torpedo Dr. Irani's efforts to further his medical career. If you have any questions or would like to discuss this matter further, please do not hesitate to call me. Dave.

David E. Rothstein  
Certified Specialist in Employment and Labor Law (S.C.) (Also licensed in N.C.) Rothstein Law Firm, PA  
514 Pettigru Street  
Greenville, SC 29601  
(864) 232-5870  
(864) 241-1386 (fax)  
[derothstein@mindspring.com](mailto:derothstein@mindspring.com)<mailto:derothstein@mindspring.com>  
[www.rothsteinlawfirm.com](http://www.rothsteinlawfirm.com)<http://www.rothsteinlawfirm.com>



From: Afraaz Irani [afraaz.irani@hotmail.com]  
Sent: Tuesday, May 28, 2013 5:30 PM  
To: David Koon  
Subject: California Medical License

Dr. Koon,

I am applying for a medical license in California. The medical board asks that my program director fill out the attached two page form.

I know you are very busy and appreciate your help in advance.

The form has to be mailed directly from you to the California Medical Board (address at the bottom of the form).

Thank you,

Afraaz

Personal Information

<application\_forms\_l3a-l3b.pdf>



STATE AND CONSUMER SERVICES AGENCY- Department of Consumer Affairs

EDMUND G. BROWN JR., Governor



# MEDICAL BOARD OF CALIFORNIA Licensing Program



## CERTIFICATE OF COMPLETION OF ACGME/RCPSC POSTGRADUATE TRAINING

To be completed by the facility for every medical school graduate completing postgraduate training in the United States or Canada.

Check one: ☒ U.S. or Canadian Medical School Graduate ☐ International Medical School Graduate

Type or Print Legibly			APPLICANT INFORMATION	MBC Use Only
NAME:	Last	First	Middle	Personal Data
	IRANT	AFRAAZ	RUSTOM	
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Medical School of Graduation		Training Information
Personal Information	Personal Information	STANFORD UNIVERSITY SCHOOL OF MEDICINE		
PROGRAM DIRECTOR TO COMPLETE ACGME OR RCPSC TRAINING INFORMATION				
ATTENTION PROGRAM DIRECTOR: Do not sign and date this form prior to the last day of any postgraduate training year which will be used by the applicant to qualify for licensure. Completion of this form will certify that the applicant referenced above has satisfactorily completed a period of accredited postgraduate training at this facility and that the applicant has acquired the skill and qualifications necessary to safely assume the unrestricted practice of medicine in this state. The completed form must be mailed directly from the program to the Board.				
Facility Name				<input type="checkbox"/>
Facility Address				<input type="checkbox"/>
Specialty	ACGME 10-digit Program #			<input type="checkbox"/> <input type="checkbox"/>
	<a href="http://www.acgme.org/adasublic">http://www.acgme.org/adasublic</a>			<input type="checkbox"/> <input type="checkbox"/>
Dates of Training (mm/dd/yyyy)	Start Date:	End Date (or anticipated completion date):		<input type="checkbox"/> <input type="checkbox"/>
	___/___/___	___/___/___		
UNUSUAL CIRCUMSTANCES				
1. Did the applicant receive partial or no credit for any postgraduate training year?			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
2. Did the applicant ever take a leave of absence or break from his/her training?			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
3. Was the applicant ever terminated, dismissed or expelled?			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
4. Did the applicant ever resign?			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
5. Was the applicant ever placed on probation?			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
6. Was the applicant ever disciplined or placed under investigation?			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
7. Were any incident reports regarding this applicant ever filed by instructors?			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
8. Were any limitations or special requirements placed upon the applicant for clinical performance, professionalism, medical knowledge, discipline, or for any other reason?			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
9. Did the program decline to renew or offer the applicant postgraduate training program contract for a following year?			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Program Director: Please provide a signed and dated letter of explanation for any "yes" response to questions # 1-9. The explanation must be provided on program letterhead and mailed directly to the Board with the Form L3A-L3B.				L3A

07A-100 (Rev. 10/2012)

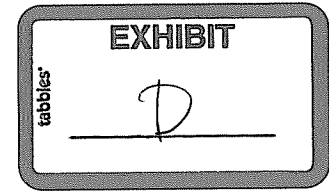
2005 Evergreen Street, Suite 1200, Sacramento, CA 95815-3831 (916) 263-2382 (800) 633-2322 FAX: (916) 263-2487 [www.mbc.ca.gov](http://www.mbc.ca.gov)

GENERAL MEDICINE TRAINING REQUIREMENT		MBC Use Only
<p>To qualify for licensure in California, applicants who are graduates of an international medical school must complete at least four months of postgraduate training in GENERAL MEDICINE as part of the requirement. Applicants who are graduates of a U.S. or Canadian medical school, who have not completed postgraduate training required for licensure by July 1, 1990, must also complete four months of training in GENERAL MEDICINE prior to licensure. The GENERAL MEDICINE requirement may be satisfied by actual clinical practice where the applicant had direct patient care responsibilities for at least four months in any particular specialty or sub-specialty area.</p>		General Medicine
<p>10. Did the applicant named on the L3A form complete a minimum of four months of general medicine as part of this postgraduate training program accredited by the ACGME or the RCPSC?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<input type="checkbox"/>
PROGRAM DIRECTOR OFFICIAL CERTIFICATION		
<p><b>NOTE:</b> The completed Form L3A-L3B must be mailed directly from the program to the Board to be acceptable.</p>		
<p>The program director signing this form is formally certifying and documenting under penalty of perjury that the applicant received instruction appropriate for the particular postgraduate level and that he/she satisfactorily completed periods of training in accordance with the accepted standards and the criteria defined as equating to satisfactory performance. The program director is attesting to the fact that the applicant has acquired the skill and qualifications necessary to safely assume the unrestricted practice of medicine in this state.</p> <p><i>I hereby declare under penalty of perjury under the laws of the State of California that all of the information contained on these forms is true and correct. I further certify that the training program is accredited by the ACGME or the RCPSC to offer the type and level of training completed by the applicant named on the Form L3A, and the applicant was trained in an ACGME or RCPSC slotted program position.</i></p>		
<p>PRINTED NAME OF PROGRAM DIRECTOR _____</p>	<p>Email Address _____</p>	
<p>SIGNATURE OF PROGRAM DIRECTOR _____ (Signature Stamp Is Not Acceptable)</p>	<p>DATE _____</p>	<p>Phone Number _____</p>
<p><b>ATTENTION PROGRAM DIRECTOR:</b> THE PERSON WHO SIGNS THIS FORM MAY NOT BE RELATED TO THE APPLICANT BY BLOOD, MARRIAGE, OR ADOPTION. Only the Program Director may sign this form. If that signature authority is being delegated to another person, evidence of that delegation must be attached to this form (may be a photocopy). Such delegation must be on official letterhead and must be dated within the last 12 months.</p>		
<p><b>NOTE:</b> If a hospital seal is not available, the program director shall also sign in the section below in the presence of a notary public.</p>		
<p><b>SIGNATURE OF PROGRAM DIRECTOR:</b> _____ (Please sign full name in presence of notary)</p> <p>State of _____</p> <p>County of _____</p> <p>Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20____,</p> <p>by, _____ proved to me on the basis of satisfactory evidence (Print program director's name)</p> <p>to be the person who appeared before me.</p>		
<p>_____ SIGNATURE OF NOTARY PUBLIC</p>		<p><b>HOSPITAL or NOTARY SEAL</b></p> <div style="border: 1px solid black; width: 150px; height: 100px; margin: 0 auto;"></div>
		<p>Program Director's Signature &amp; Date <input type="checkbox"/></p> <p>Program Director's Signature <input type="checkbox"/></p> <p>Notary Signature &amp; Seal <input type="checkbox"/></p> <p>Hospital Seal <input type="checkbox"/></p>
		<b>L3B</b>

**NOTE:** The completed form must be mailed directly from the program to the Board to be acceptable.



UNIVERSITY OF SOUTH CAROLINA  
SCHOOL OF MEDICINE  
UNIVERSITY SPECIALTY CLINICS®



04 JUN 13

Re: Dr Afraaz Irani

To Whom It May Concern:

Dr. Irani satisfactorily completed training from 01 July 2010 through 14 August 2011.

We will be happy to respond to any further requests if accompanied by a release from Dr. Irani.

A handwritten signature in cursive script, appearing to read "D Koon, Jr.".

David Koon, Jr., MD  
Program Director  
Palmetto Health / USC SoM Orthopaedic Residency Program



## MEDICAL BOARD OF CALIFORNIA

### Licensing Program



## CERTIFICATE OF COMPLETION OF ACGME/RCPSC POSTGRADUATE TRAINING

To be completed by the facility for every medical school graduate completing postgraduate training in the United States or Canada.

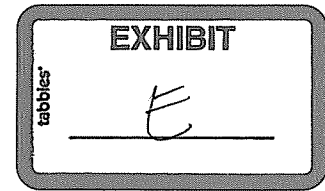
Check one: ☒ U.S. or Canadian Medical School Graduate ☐ International Medical School Graduate

Type or Print Legibly			APPLICANT INFORMATION		MBC Use Only	
NAME:		Last	First	Middle		
		IRANI	AFRAAZ	R		
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Medical School of Graduation			Personal Data	
		STANFORD UNIVERSITY			<input type="checkbox"/>	
PROGRAM DIRECTOR TO COMPLETE ACGME OR RCPSC TRAINING INFORMATION						
<b>ATTENTION PROGRAM DIRECTOR:</b> Do not sign and date this form prior to the last day of any postgraduate training year which will be used by the applicant to qualify for licensure. Completion of this form will certify that the applicant referenced above has satisfactorily completed a period of accredited postgraduate training at this facility and that the applicant has acquired the skill and qualifications necessary to safely assume the unrestricted practice of medicine in this state. The completed form must be mailed directly from the program to the Board.						
Facility Name	PALMETTO HEALTH / UNIV OF SOUTH CAROLINA SCHOOL OF MEDICINE					<input type="checkbox"/>
Facility Address	Z MED PARK, STE 404, COLUMBIA, SC, 29203					<input type="checkbox"/>
Specialty	ACGME 10-digit Program #	http://www.acgme.org/adspub				<input type="checkbox"/>
	ORTHOPEAEDICS	2604532263				<input type="checkbox"/>
Dates of Training (mm/dd/yyyy)	Start Date:	End Date (or anticipated completion date):				<input type="checkbox"/>
	07/01/2010	04/10/2012				<input type="checkbox"/>
UNUSUAL CIRCUMSTANCES						
1. Did the applicant receive partial or no credit for any postgraduate training year?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	
2. Did the applicant ever take a leave of absence or break from his/her training?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	
3. Was the applicant ever terminated, dismissed or expelled?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	
4. Did the applicant ever resign?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/>	
5. Was the applicant ever placed on probation? N/A: Program does not use "probation"			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	
6. Was the applicant ever disciplined or placed under investigation?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	
7. Were any incident reports regarding this applicant ever filed by instructors?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/>	
8. Were any limitations or special requirements placed upon the applicant for clinical performance, professionalism, medical knowledge, discipline, or for any other reason?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	
9. Did the program decline to renew or offer the applicant postgraduate training program contract for a following year? N/A			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	
<b>Program Director:</b> Please provide a signed and dated letter of explanation for any "yes" response to questions # 1-9. The explanation must be provided on program letterhead and mailed directly to the Board with the Form L3A-L3B.						
L3A						



GENERAL MEDICINE TRAINING REQUIREMENT		MBC Use Only
<p>To qualify for licensure in California, applicants who are graduates of an international medical school must complete at least four months of postgraduate training in GENERAL MEDICINE as part of the requirement. Applicants who are graduates of a U.S. or Canadian medical school, who have not completed postgraduate training required for licensure by July 1, 1990, must also complete four months of training in GENERAL MEDICINE prior to licensure. The GENERAL MEDICINE requirement may be satisfied by actual clinical practice where the applicant had direct patient care responsibilities for at least four months in any particular specialty or sub-specialty area.</p>		General Medicine
<p>10. Did the applicant named on the L3A form complete a minimum of four months of general medicine as part of this postgraduate training program accredited by the ACGME or the RCPSC?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
PROGRAM DIRECTOR OFFICIAL CERTIFICATION		
<p><b>NOTE:</b> The completed Form L3A-L3B must be mailed directly from the program to the Board to be acceptable.</p>		
<p>The program director signing this form is formally certifying and documenting under penalty of perjury that the applicant received instruction appropriate for the particular postgraduate level and that he/she satisfactorily completed periods of training in accordance with the accepted standards and the criteria defined as equating to satisfactory performance. The program director is attesting to the fact that the applicant has acquired the skill and qualifications necessary to safely assume the unrestricted practice of medicine in this state.</p> <p><i>I hereby declare under penalty of perjury under the laws of the State of California that all of the information contained on these forms is true and correct. I further certify that the training program is accredited by the ACGME or the RCPSC to offer the type and level of training completed by the applicant named on the Form L3A, and the applicant was trained in an ACGME or RCPSC slotted program position.</i></p>		
<p style="text-align: center;"><u>DAVID KOON, JR., MD</u></p> <p style="text-align: center;">PRINTED NAME OF PROGRAM DIRECTOR</p>	<p style="text-align: center;"><u>david.koon@uscmed.sc.edu</u></p> <p style="text-align: center;">Email Address</p>	Program Director's Signature & Date
<p style="text-align: center;"><u><i>David Koon, Jr.</i></u>      <u>03 Jun 13</u></p> <p style="text-align: center;">SIGNATURE OF PROGRAM DIRECTOR      DATE</p> <p style="text-align: center; font-size: small;">(Signature Stamp Is Not Acceptable)</p>	<p style="text-align: center;"><u>(803) 434-6879</u></p> <p style="text-align: center;">Phone Number</p>	
<p><b>ATTENTION PROGRAM DIRECTOR:</b> THE PERSON WHO SIGNS THIS FORM MAY NOT BE RELATED TO THE APPLICANT BY BLOOD, MARRIAGE, OR ADOPTION. Only the Program Director may sign this form. If that signature authority is being delegated to another person, evidence of that delegation must be attached to this form (may be a photocopy). Such delegation must be on official letterhead and must be dated within the last 12 months.</p>		
<p><b>NOTE:</b> If a hospital seal is not available, the program director shall also sign in the section below in the presence of a notary public.</p>		
<p>SIGNATURE OF PROGRAM DIRECTOR: <u><i>David C. Koon, Jr. MD</i></u></p> <p style="text-align: center; font-size: small;">(Please sign full name in presence of notary)</p>		
<p>State of <u>South Carolina</u></p> <p>County of <u>Richland</u></p> <p>Subscribed and sworn to (or affirmed) before me on this <u>3rd</u> day of <u>June</u>, 20 <u>13</u>.</p> <p>by, <u>David Koon, Jr., MD</u> proved to me on the basis of satisfactory evidence</p> <p style="text-align: center; font-size: small;">(Print program director's name)</p> <p>to be the person who appeared before me.</p>		
<p><u><i>Kathryn Jones Gunning</i></u></p> <p style="text-align: center;">SIGNATURE OF NOTARY PUBLIC</p>		Notary Signature & Seal
<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p style="text-align: center;">HOSPITAL or NOTARY SEAL</p> </div>		Hospital Seal
<p style="font-size: 2em; font-weight: bold; margin: 0;">L3B</p>		

**NOTE:** The completed form must be mailed directly from the program to the Board to be acceptable.



Afraaz Irani

Personal Information

Santa Clara, CA 95050

David E Koon, Jr, MD

Palmetto Health USC

Ste 404

Two Medical Park

Columbia, SC 29203

Dr. Koon,

I received an email from the California Medical Board advising me that forms L3A/B that you filled out previously had a few errors (please see next page).

I know you are busy, and I apologize that you have to fill the form out again. If you could look into the matter and mail it in, I would appreciate it.

Thank you for your time,

Afraaz

Personal Information

From: Maria.Acosta@mbc.ca.gov  
To: afraaz.irani@hotmail.com  
Subject: RE: Afraaz Irani, M.D.  
Date: Tue, 11 Jun 2013 17:08:36 +0000

Hello:

I received the L3A/B document from Palmetto Health. It turns out they did not complete all the questions on the L3A form. They will need to complete both pages of the document pages L3A/B in its entirety to be accepted.

1. They did not answer question #5, & 9. Which if they do not applied must still be answered in the negative if it did not affect you.
2. Also the questions that they did answer positive were not explained on a letter on letterhead signed and dated by the current program director.
3. The ACGME code which was entered is incorrect.
4. The Board will need a new L3A/B completed in its entirety.

If the Board does not receive the above information as requested it will delay me from submitting your file a.s.a.p to QA for final review. Please make sure to stress to the program that all questions must be answered. We must have a letter (on letterhead) of explanation for any and all positive answers to the questions, signed and dated by the current program director.

Thank you,

*Maria H. Acosta  
Management Service Technician  
Medical Board of California  
2005 Evergreen Street, Ste 1200  
Sacramento, CA 95815  
(916)263-2448 FAX (916)263-2944*

STATE AND CONSUMER SERVICES AGENCY- Department of Consumer Affairs

EDMUND G. BROWN JR., Governor



# MEDICAL BOARD OF CALIFORNIA

## Licensing Program



### CERTIFICATE OF COMPLETION OF ACGME/RCPSC POSTGRADUATE TRAINING

To be completed by the facility for every medical school graduate completing postgraduate training in the United States or Canada.

Check one: ☒ U.S. or Canadian Medical School Graduate ☐ International Medical School Graduate

Type or Print Legibly				APPLICANT INFORMATION	MBC Use Only
NAME: Last		First		Middle	Personal Data
IRANI		AFRAAZ		RUSTOM	
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Medical School of Graduation		Training Information
Personal Information	Personal Information		STANFORD UNIVERSITY SCHOOL OF MEDICINE		
PROGRAM DIRECTOR TO COMPLETE ACGME OR RCPSC TRAINING INFORMATION					
ATTENTION PROGRAM DIRECTOR: Do not sign and date this form prior to the last day of any postgraduate training year which will be used by the applicant to qualify for licensure. Completion of this form will certify that the applicant referenced above has satisfactorily completed a period of accredited postgraduate training at this facility and that the applicant has acquired the skill and qualifications necessary to safely assume the unrestricted practice of medicine in this state. The completed form must be mailed directly from the program to the Board.					
Facility Name					
Facility Address					
Specialty	ACGME 10-digit Program #				
	<a href="http://www.acgme.org/adspublic">http://www.acgme.org/adspublic</a>				
Dates of Training (mm/dd/yyyy)	Start Date:	End Date (or anticipated completion date):			
	___/___/___	___/___/___			
UNUSUAL CIRCUMSTANCES					
1. Did the applicant receive partial or no credit for any postgraduate training year?				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
2. Did the applicant ever take a leave of absence or break from his/her training?				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
3. Was the applicant ever terminated, dismissed or expelled?				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
4. Did the applicant ever resign?				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
5. Was the applicant ever placed on probation?				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
6. Was the applicant ever disciplined or placed under investigation?				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
7. Were any incident reports regarding this applicant ever filed by instructors?				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
8. Were any limitations or special requirements placed upon the applicant for clinical performance, professionalism, medical knowledge, discipline, or for any other reason?				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
9. Did the program decline to renew or offer the applicant postgraduate training program contract for a following year?				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Program Director: Please provide a signed and dated letter of explanation for any "yes" response to questions # 1-9. The explanation must be provided on program letterhead and mailed directly to the Board with the Form L3A-L3B.					L3A

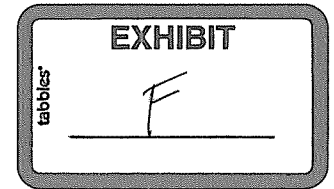


GENERAL MEDICINE TRAINING REQUIREMENT		MBC Use Only
<p>To qualify for licensure in California, applicants who are graduates of an international medical school must complete at least four months of postgraduate training in GENERAL MEDICINE as part of the requirement. Applicants who are graduates of a U.S. or Canadian medical school, who have not completed postgraduate training required for licensure by July 1, 1990, must also complete four months of training in GENERAL MEDICINE prior to licensure. The GENERAL MEDICINE requirement may be satisfied by actual clinical practice where the applicant had direct patient care responsibilities for at least four months in any particular specialty or sub-specialty area.</p>		General Medicine
<p>10. Did the applicant named on the L3A form complete a minimum of four months of general medicine as part of this postgraduate training program accredited by the ACGME or the RCPSC?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<input type="checkbox"/>
PROGRAM DIRECTOR OFFICIAL CERTIFICATION		
<p><b>NOTE:</b> The completed Form L3A-L3B must be mailed directly from the program to the Board to be acceptable.</p>		
<p>The program director signing this form is formally certifying and documenting under penalty of perjury that the applicant received instruction appropriate for the particular postgraduate level and that he/she satisfactorily completed periods of training in accordance with the accepted standards and the criteria defined as equating to satisfactory performance. The program director is attesting to the fact that the applicant has acquired the skill and qualifications necessary to safely assume the unrestricted practice of medicine in this state.</p> <p><i>I hereby declare under penalty of perjury under the laws of the State of California that all of the information contained on these forms is true and correct. I further certify that the training program is accredited by the ACGME or the RCPSC to offer the type and level of training completed by the applicant named on the Form L3A, and the applicant was trained in an ACGME or RCPSC slotted program position.</i></p>		
<p>PRINTED NAME OF PROGRAM DIRECTOR _____</p>	<p>Email Address _____</p>	
<p>SIGNATURE OF PROGRAM DIRECTOR _____ (Signature Stamp Is Not Acceptable)</p>	<p>DATE _____</p>	<p>Phone Number _____</p>
<p><b>ATTENTION PROGRAM DIRECTOR:</b> THE PERSON WHO SIGNS THIS FORM MAY NOT BE RELATED TO THE APPLICANT BY BLOOD, MARRIAGE, OR ADOPTION. Only the Program Director may sign this form. If that signature authority is being delegated to another person, evidence of that delegation must be attached to this form (may be a photocopy). Such delegation must be on official letterhead and must be dated within the last 12 months.</p>		
<p><b>NOTE:</b> If a hospital seal is not available, the program director shall also sign in the section below in the presence of a notary public.</p>		
<p>SIGNATURE OF PROGRAM DIRECTOR: _____ (Please sign full name in presence of notary)</p> <p>State of _____</p> <p>County of _____</p> <p>Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20____,</p> <p>by, _____ proved to me on the basis of satisfactory evidence (Print program director's name)</p> <p>to be the person who appeared before me.</p>		<p>Program Director's Signature &amp; Date</p> <p><input type="checkbox"/></p>
<p>_____</p> <p style="text-align: center;">SIGNATURE OF NOTARY PUBLIC</p>		<p>Program Director's Signature</p> <p><input type="checkbox"/></p>
<div style="border: 1px solid black; width: 200px; height: 60px; margin: 0 auto;"></div> <p>HOSPITAL or NOTARY SEAL</p>		<p>Notary Signature &amp; Seal</p> <p><input type="checkbox"/></p>
		<p>Hospital Seal</p> <p><input type="checkbox"/></p>
		L3B

**NOTE:** The completed form must be mailed directly from the program to the Board to be acceptable.



UNIVERSITY OF SOUTH CAROLINA  
SCHOOL OF MEDICINE  
UNIVERSITY SPECIALTY CLINICS®



17 JUN 13

Re: Dr. Afraaz Irani

To Whom It May Concern:

Dr. Irani satisfactorily completed his internship (PGY-1) from 01 JUL 10 – 30 JUN 11.

Dr. Irani underwent GMEC-directed academic remediation during his PGY2 year. He failed to complete the GMEC-directed remediation measures and was terminated from his position on 10 APR 11 (questions 3,6,8). He was not offered a renewal of his contract for the following year (question 9). Dr. Irani satisfactorily completed one month of his PGY-2 training from 01 JUL 11 – 10 APR 11 (question 1). During his PGY-2 year he was placed on Palmetto Health Level III academic remediation which included a leave of absence from his clinical duties (question 2).

A handwritten signature in cursive script, appearing to read "DKoon, Jr.".

David Koon, Jr., MD  
Program Director  
PH/USC SoM Orthopaedic Surgery Residency Program



**MEDICAL BOARD OF CALIFORNIA**  
Licensing Program



## CERTIFICATE OF COMPLETION OF ACGME/RCPSC POSTGRADUATE TRAINING

To be completed by the facility for every medical school graduate completing postgraduate training in the United States or Canada.

Check one: ☒ U.S. or Canadian Medical School Graduate ☐ International Medical School Graduate

Type or Print Legibly		APPLICANT INFORMATION		MBC Use Only
NAME:	Last IRANI	First AFRAAZ	Middle RUSTOM	
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Medical School of Graduation	Personal Data <input type="checkbox"/>
Personal Information	Personal Information		STANFORD UNIVERSITY	
PROGRAM DIRECTOR TO COMPLETE ACGME OR RCPSG TRAINING INFORMATION				
ATTENTION PROGRAM DIRECTOR: Do not sign and date this form prior to the last day of any postgraduate training year which will be used by the applicant to qualify for licensure. Completion of this form will certify that the applicant referenced above has satisfactorily completed a period of accredited postgraduate training at this facility and that the applicant has acquired the skill and qualifications necessary to safely assume the unrestricted practice of medicine in this state. The completed form must be mailed directly from the program to the Board.				
Facility Name	PALMETTO HEALTH / USC School of Medicine			
Facility Address	2 MED PARK STE 404 COLUMBIA SC 29203			
Specialty	ORTHOPAEDICS	ACGME 10-digit Program # <a href="http://www.acgme.org/adspublic">http://www.acgme.org/adspublic</a>	2604531163	
Dates of Training (mm/dd/yyyy)	Start Date: 07/01/2010	End Date (or anticipated completion date): 04/10/2012		
UNUSUAL CIRCUMSTANCES				
1. Did the applicant receive partial or no credit for any postgraduate training year?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
2. Did the applicant ever take a leave of absence or break from his/her training?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
3. Was the applicant ever terminated, dismissed or expelled?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
4. Did the applicant ever resign?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/>
5. Was the applicant ever placed on probation?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/>
6. Was the applicant ever disciplined or placed under investigation?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
7. Were any incident reports regarding this applicant ever filed by instructors?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/>
8. Were any limitations or special requirements placed upon the applicant for clinical performance, professionalism, medical knowledge, discipline, or for any other reason?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
9. Did the program decline to renew or offer the applicant postgraduate training program contract for a following year?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Program Director: Please provide a signed and dated letter of explanation for any "yes" response to questions # 1-9. The explanation must be provided on program letterhead and mailed directly to the Board with the Form L3A-L3B.				
L3A				



